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## APPLICANTS

Craig S.K. Clapp, Boxford, MA;

Gary Arthur Brown, Saugus, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

29855  
 WONG, CABELLO, LUTSCH, RUTHERFORD & BRUCCULERI,  
 P.C.  
 20333 SH 249  
 SUITE 600  
 HOUSTON , TX  
 77070

## TITLE

Modular video conferencing system

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